



# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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03-280

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*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Human Services Program Coordinator

**DATE:** September 30, 2003

**SUBJECT:** National Family Caregiver Support Program Training

On Tuesday, October 21, 2003, there will be training for National Family Caregiver Support Program Staff. Among the featured presenters will be Jane Ward-Solomon of the Department for the Blind and Visually Impaired who will discuss the NASUA document, *Serving Older Persons with Visual Impairments and Their Caregivers*; Faye Cates of VDA who will discuss the Male Caregivers Grant; Senior Connections, Capital Area Agency on Aging National Family Caregiver Support Program and, Fairfax County Area Agency on Aging National Family Caregiver Support Program. A viewing and evaluation of the Easter Seals (AoA funded) video on *Transportation Solutions for Caregivers: A Starting Point*; a report on the AoA Creating Caring Communities Summit and a sharing of ideas and programs on National Family Caregiver Support Month will also be included in the training.

I was notified today that the large training room I had reserved in July is needed by its own agency. Unless I am able to locate a larger meeting space, registration will be limited to one program staff per agency unless you are an Area Agency on Aging giving a presentation, then, of course, bring staff necessary for your training session. I have reserved the VDA conference room for the training but will continue to pursue other larger venues. Due to speaker availability, I hesitate to change meeting dates! I will keep you apprised of the situation!

Please complete the attached registration and lunch order form and send it with your check for lunch to Ellen Nau, Virginia Department for the Aging, 1600 Forest Avenue, Richmond, VA 23229 by Thursday, October 16, 2003. Lunch checks for \$7.30 should be made out to **Treasurer, Commonwealth of Virginia**. Thank you!

**National Family Caregiver Support Program Training**  
**Tuesday, October 21, 2003**  
**9:30 A.M.**  
**VDA Conference Room**  
**Preston Building**  
**1600 Forest Avenue**  
**Richmond, VA 23229**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Contact Information:**

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Lunch Order: \$7.30 per lunch**

**Select One Entrée:**

\_\_\_\_\_ **The Café Club** – turkey breast, black forest ham, bacon, swiss and American cheeses.

\_\_\_\_\_ **The Ratcliffe** – honey ham, smoked turkey, swiss cheese, lettuce, tomato and mayo

\_\_\_\_\_ **Veggie Wrap** – combination of fresh veggies, including sweet peppers, mushrooms, cucumber, shredded cheeses and ranch dressing

**Select one drink:**

**Diet Coke** \_\_\_\_\_ **Coke** \_\_\_\_\_ **Sprite** \_\_\_\_\_ **Water** \_\_\_\_\_

A selection of sides and desserts will be offered.

Please make checks payable to **Treasurer, Commonwealth of Virginia** and send with this form to Ellen Nau, Virginia Department for the Aging, 1600 Forest Avenue, Richmond, VA 23229.

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**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Human Services Program Coordinator

**DATE:** September 30, 2003

**SUBJECT:** Kinship Care

Please find attached a PDF file of two articles from the RAPP Reporter, a Newsletter of the Brookdale Foundation Group. The issues of caregiver support groups and children of prisoners living with grandparents have been discussed frequently by the Virginia Department for the Aging's Kinship Care Initiative Statewide Task Force and Information Network.

The Party Line concept to support kinship caregivers can be adapted to other caregiver support groups. It seems particularly useful for caregivers living in rural areas and to caregivers whose responsibilities make it difficult for them to leave home to attend meetings. A successful telephone caregiver support program is being conducted by Senior Connections, The Capital Area Agency on Aging. For information contact Linda Barnhart at [clbarnhart@youraaa.org](mailto:clbarnhart@youraaa.org).

The Kinship Care Initiative Statewide Task Force and Information Network has recognized the unique needs of the children of prisoners being raised by relatives. Task Force member Dr. Barbara Myers of the Virginia Commonwealth University Department of Psychology is very experienced in this area. For four summers at the *All God's Children Camps* sponsored by the United Methodist Church, Ms. Myers conducted a successful mentoring program for the children of incarcerated mothers. Ms. Myers can be contacted at [bmyers@vcu.edu](mailto:bmyers@vcu.edu).

**Telephone Conferencing A New  
Look At Caregiver Support  
Groups:**

Camellia Pisegna, Director  
Region IV Area Agency On Aging  
Senior Volunteer Programs, Michigan

Support group attendance at our RAPP had been a challenge for many years in spite of the fact that caregivers consistently noted the importance of staying in contact with each other. Looking at the problem of attendance, it was evident that caregivers must overcome many of the following obstacles in order to attend support meetings:

♦**Transportation.** Southwestern Michigan is mostly rural, but transportation was even a hindrance for those living a short distance from meeting sites; Free childcare was offered, but many caregivers found it overwhelming to travel with children, especially those with disabilities. Travel during long Michigan winters can be impossible. Although mileage reimbursement was provided, caregivers in remote areas must often travel long distances to meet at centralized locations. Many caregivers have health problems related to aging, making it difficult to travel. Public transportation remains inadequate or non-existent and many do not own vehicles.

♦**Confidentiality.** A significant number of caregivers are concerned about confidentiality; many still function under the stigma that they are raising their grandchildren because of failure to successfully raise their own children.

♦**Time Constraints.** Caregivers juggle multiple obligations to accommodate children; time constraints play a significant role in preventing support group attendance. In addition, many caregivers work outside of the home.

### **The "Party Line" Is Born**

In April, 2003, we decided to try something entirely different! Caregivers can now "attend" support meetings without even leaving their homes by joining "The Party Line" via conference call.

When the day and time of the meeting arrives, ***an operator calls each home and connects everyone to the group.*** Every other month a ***professional speaker joins the call to present information*** on topics requested by the caregivers. For example, a school social worker recently explained the legal rights of special education students.

***Participants register in advance and receive a reminder postcard each month.*** The new format makes it possible to include an evening support group for those working outside the home and those concerned about being away from home at night. After "meeting" together on the phone for almost a year, caregivers were anxious to put faces to the voices that had become so familiar. Arrangements were made at a centrally located restaurant and everyone agreed to meet for breakfast. It was a spirited, enthusiastic crowd! "The Breakfast Bunch" decided to meet every other month.

Caregiver response to the Party Line has been overwhelmingly positive! The most common concern is not being able to meet each month in person. In addition to The Breakfast Bunch, our program offers quarterly family events involving the children, which provide some degree of personal contact.

In weighing the advantages and disadvantages of the telephone support group, we believe involving more caregivers in regular support is a plus! On-site meetings averaged 3-4 participants -phone support meetings average 10-15 participants. Conference call fees (approximately \$20/person for

one hour) are paid for with program funds, but are comparable with mileage reimbursements, staff travel time and travel expenses.

Caregivers adapted quickly to the conference call format, which is reminiscent of the old party line system. Conference call etiquette, such as stating one's name each time before a comment, is reviewed from time to time. Linking caregivers from all three counties contributes to lively discussions and provides a wide variety of perspectives, opinions and experience. Program staff keeps track of the conversation and who's on the call to encourage everyone to share their thoughts if they would like to. The conference format also takes the pressure off those who prefer just to sit back and listen. For some, anonymity creates a safe place for honest and candid expression.

Caregivers with children at home during the calls are encouraged to make special "Quiet Boxes" with small toys, a healthy snack, a short educational video, library books, crayons, etc.

For more information about "The Party Line", call Pat Herrelko or Camellia Pisegna, Region IV Area Agency On Aging Senior Volunteer Programs, 269-983-7058, or email [camelliapisegna@areaagencyonaging.org](mailto:camelliapisegna@areaagencyonaging.org).

**The Children Of Alcoholics Foundation (NY):  
Help for Kinship Caregivers and Professionals Dealing with Parental Substance Abuse**

Kim Sumner-Mayer  
Kinship Care Outreach Manager

Today, more and more grandparents are stepping in when

parents' drug or alcohol use has left them unable to care for their own children. Whether the addicted parent has died, gone into treatment, been arrested, or lost custody of the child, grandparents and other relatives are faced with a profound lack of information and services that can help the family deal with their new and unexpected living situation. The stigma that exists around drug abuse is enormous. As a result, many caregivers do not tell their friends, neighbors, or even the agencies that can help them about the substance abuse affecting their family. This means that many of these families remain unidentified and lack vital services.

In spring 2001 The Children of Alcoholics Foundation (COAF) launched *The Ties That Bind*, a national education and support program to help the millions of Americans who are caring for relatives' children because of parental alcohol and drug abuse.

*The Ties That Bind* offers fact sheets, a comprehensive handbook, and a website ([www.coaf.org](http://www.coaf.org)) for caregivers, as well as a curriculum for caregiver support group facilitators. In addition, COAF provides training to professionals working with kinship care families, such as government agencies, social workers, child-welfare workers, and support-group leaders. These training sessions are designed to educate professionals about the special issues involved in kinship care that directly result from parental substance abuse, as well as tips and strategies for getting the materials into the hands of those in need.

In addition to *The Ties That Bind*, COAF has also been busy with other initiatives to support kinship care families. A new program titled *Building Bridges* is currently being developed that focuses on family reunification issues by supporting parents in substance abuse recovery and the professionals who work with them with workbooks and curricula addressing parent-child separation, visitation, and reunification planning across treatment and post-treatment timelines.

The COAF website has suggestions, tips and strategies for handling the following topics: "*Talking about alcohol and drugs with kids*," "*Dealing with the substance abusing parent*," "*Coping with kid's behavior problems*," "*Coping with your own feelings*," and "*Myths and facts about substance abuse*."

To learn more about the handbook, fact sheets, curriculum, or training and consultation services, contact Kim Sumner-Mayer, Kinship Care Outreach Manager at [ksumner-mayer@phoenixhouse.org](mailto:ksumner-mayer@phoenixhouse.org), call Kim at (646) 505-2063, or visit COAF's website at [www.coaf.org](http://www.coaf.org).

### **Support for Relative Caregivers Caring for Children of Incarcerated Parents**

Marilyn Hammond and Sr. Pat Davis  
Lutheran Social Services of Illinois

Mom is in prison. The relative is caring for the children, as almost always happens. She comes to your RAPP group. What do you do to make her feel supported and at ease?

First, recognize that this is not an uncommon problem. RAPPs are

already providing services to caregivers because of drug abuse, neglect, abandonment and mental illness. Incarceration is not far removed.

Your opening statement, as a RAPP facilitator must constantly and honestly say, "We are here for many reasons..." and then state the variety of reasons that bring you together, always including the most difficult ones. Though you are not likely to be judgmental, the group may find the idea of an adult child in prison repugnant so facilitators must take the lead in letting the caregiver know that they are not failures because their children are imprisoned.

Think of prison time as an opportunity for the adult child to make better choices. Prisons are badly stereotyped in the media as the end of the line but many a daughter in prison has said, "I wasn't arrested, I was rescued." Most imprisoned mothers spend their entire incarceration worrying about their children and parents. Many take classes, are in drug rehabilitation programs, learn new skills, and rethink their life, especially if they have meaningful contact with religion.

Let the grandmother talk about visits to her daughter with the children. Don't treat it like a curiosity -- after all entering prison is very similar to going through airport security. The constant curiosity of well meaning people can be overwhelming to someone who has felt compelled to be secretive as to why she cares for her daughter's children. Having caregivers with parents in prison is a learning opportunity. Read and talk to people who deal kindly with

prisoners and find an opportunity to visit a prison or jail yourself. But mostly, focus on the needs of the people involved, the caregiver, the daughter and the children and not the barbed wire or pat down searches. Mothers and kids don't really care where mom is as long as they can keep in touch.

Do realize that these relatives, although basically the same, have some challenges different from the rest of your RAPP group:

- calls are always collect and incredibly expensive;
- visits are usually at some distance to prisons in small towns with little public transportation;
- caseworkers often write mom off because she is imprisoned and push the relative to adopt the children; and
- classmates may taunt the children if they find out that their mom is in prison.

The above notwithstanding, however, the needs of these families are basically the same as others caring for grandchildren: housing, clothing, schooling, counseling for the child, legal needs, and readjustment when mom comes home.

RAPPs can make a critical difference and bring hope and comfort to the caregiver, imprisoned mother and the family as a whole. RAPP allows caregivers to release frustration and get new tools to help them cope. Most importantly, you will assure the caregiver that the children are in good hands.

*Marilyn Hammond runs Lutheran Social Services of Illinois RAPP groups specifically for relatives caring for children of mothers who*

*are prisoners in Illinois. These RAPP programs bring the families to prison and while the children are with the moms the relatives attend a unique RAPP group in the prison. Marilyn is very familiar with the circumstances of these caregivers and would be glad to talk with you about prisons or about your RAPP members caring for the children of an imprisoned daughter. Call her at (773) 476-1452 or email [marilyn.hammond@LSSI.org](mailto:marilyn.hammond@LSSI.org).*

**The Grandparent Caregiver  
Resource Center at  
Catholic Charities**

Santa Clara County, CA  
Renie Henchy, Program Manager

The number of relative-headed families in California has doubled since the 1990 Census, and nearly 27,000 Santa Clara County children are being raised by their grandparents. The Grandparent Caregiver Resource Center (GCRC) at Catholic Charities is committed to serving this growing population. The GCRC's mission is to strengthen and support grandparent- and other relative-headed families in Santa Clara County so that they can provide safe and secure homes for the children in their care, regardless of race, religion, or culture. The GCRC is Santa Clara County's only provider of comprehensive support services to kinship families. Over the past four years, the GCRC has collaborated with public agencies and private organizations to implement multiple service programs, all of which were designed by *relative caregivers* to address their most essential needs.

Services offered by the Center include:

- ♦ Comprehensive case management;
- ♦ health assessments and plans;
- ♦ support groups;
- ♦ a "Warmline;"
- ♦ recreational events;
- ♦ respite care;
- ♦ a resource library;
- ♦ educational seminars; and
- ♦ extensive assistance with the legal guardianship process.

Relative caregivers who receive proper emotional support and access to needed services, information, and resources are better prepared to keep their families intact and keep their children out of the overloaded foster care system. On average, 99.7% of the families served by the GCRC remain intact, which enables siblings to stay together and allows children to be raised in their families' specific linguistic and cultural environments. All GCRC services are consumer driven, which is important to the program's sponsors and potential funders. Grandparent caregivers have been involved in the development of the program since Catholic Charities held its first kinship care conference in 1992. 80% of the GCRC's staff are or have been relative caregivers; their personal experience with the issues involved in kinship care enables them to identify needs and provide services from the perspective of those who have "been there."

GCRC's services are designed to meet the highest priority needs identified by relative caregivers and their families. Staff relies on relative caregivers to articulate their needs and those of their children. Caregivers themselves evaluate services regularly and services are modified based on



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